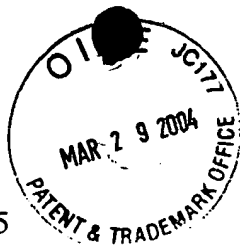


03500.015275



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: D. Payne
MASATOSHI OHTSUBO)	
	:	Group Art Unit: 2633
Application No.: 09/822,337)	
	:	
Filed: April 2, 2001)	
	:	
For: OPTICAL SPACE TRANSMITTER)	March 29, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


RECEIVED

MAR 30 2004

Technology Center 2600

AMENDMENT

Sir:


In response to the Official Action mailed December 29, 2003, the Examiner
is respectfully requested to consider and enter the following amendments.



#7

In re Application of:

Docket No. 03500.015275

MASATOSHI OHTSUBO

Application No.: 09/822,337

Examiner: D. Payne

Filed: April 2, 2001

Group Art Unit: 2633

For: OPTICAL SPACE TRANSMITTER

Date: March 29, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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Transmitted herewith is an Amendment in the above-identified application.

MAR 30 2004

☒ No additional fee is required.

Technology Center 2600

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	20	0	x \$9 \$18	0
INDEP. CLAIMS	1	MINUS	3	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

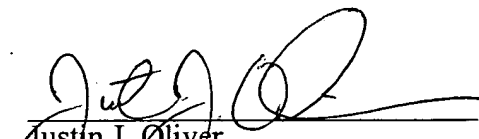
☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$ __ to cover the fee for a __ month extension is enclosed.

☐ A check in the amount of \$ ____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.


Justin J. Oliver
Attorney for Applicant
Reg. No. 44,986

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

JJO/tmm

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